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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4003

From:

Account Name : THOMAS M. CLARK, P.A.

Account Number : 072100000445 Phone

: (954)776-3800

Fax Number

: (954)776-3825

LIMITED LIABILITY COMPANY

EQUITY HOTEL GROUP, LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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CLARK & SCHOLNIK

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ARTICLES OF ORGANIZATION OF EQUITY HOTEL GROUP, LLC

ARTICLE ONE

The name of this limited liability company shall be EQUITY HOTEL GROUP, LLC.

ARTICLE TWO

The period of duration shall be perpetual.

ARTICLE THREE

This limited liability company is organized for the purpose of transacting any or all legal business.

ARTICLE FOUR

The street address of the principal office of this limited liability company and the mailing address of this limited liability company shall be 2400 East Commercial Boulevard, Suite 820, Fort Lauderdale, Florida 33308. The initial registered agent shall be Thomas M. Clark, 2400 East Commercial Boulevard, Suite 820, Florida Lauderdale, Florida 33308.

ARTICLE FIVE

This limited liability company has at least one (1) member and the total amount of cash required to be contributed shall be \$100.00. There shall be no property other than cash contributed.

ARTICLE SIX

There shall be no additional contributions required to be made by the members.

ARTICLE SEVEN

There shall be no additional members of this limited liability company, except as provided by Amendment to these Articles of Organization.

ARTICLE EIGHT

The remaining members of this limited liability company shall have the right to continue the business of this limited liability company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of any member or the occurrence of

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any other event which terminates the continued membership of a member in this limited liability company.

ARTICLE NINE

This limited liability company shall not be managed by a manager or managers, but shall be operated by the member of the limited liability company. The name and address of the member of this limited liability company is as follows:

THOMAS M. CLARK 2400 E. Commercial Blvd., #820 Fort Lauderdale, FL 33308

ARTICLE TEN

The member of this limited liability company shall own an undivided one hundred percent (100%) interest therein and such member shall contribute one hundred percent (100%) of the cash contribution set forth hereinabove.

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization on the _______ day of October, 2000______

THOMAS M. CLARK

STATE OF FLORIDA}

COUNTY OF BROWARD)

BEFORE ME, personally appeared THOMAS M. CLARK, to me well known and known to me to be the person described in, and who acknowledged to and before me that he executed said document for the purposes therein expressed.

WITNESS my hand and official seal this _____ day of October, 2000.

NOTARY PUBLIC

My Commission Expires:

(Notarial Seal)

OFFICIAL NOTARY SEAL
DEBORAH K AMTONELLI
NOTARY PUBLIC STATE OF FLOREDA
COMMISSION NO. CC09769
MY CCMMISSION LXP. IAM. 7,2801

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT EQUITY HOTEL GROUP, LLC, DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT THE CITY OF FORT LAUDERDALE, STATE OF FLORIDA, HAS NAMED THOMAS M. CLARK, AT 2400 EAST COMMERCIAL BOULEVARD, SUITE 820, FORT LAUDERDALE, FLORIDA, 33308, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE:

THOMAS M. CLARK

TITLE: MEMBER

DATE:

OCTOBER 1 2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER ACCEPT TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE

THOMAS M. CLARK, REGISTERED AGENT

DATE:

OCTOBER _____ 2000

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